

## Amendment Under 37 C.F.R. § 1.116 Group Art Unit 2879, Expedited Procedure

03500.015726.

## PATENT APPLICATION

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:	)	
TAKEO TSUKAMOTO	:	Examiner: M.P. Hodges
Application No.: 09/941,595	;	Group Art Unit: 2879
Filed: August 30, 2001	: )	
For: ELECTRON-EMITTING DEVICE ELECTRON SOURCE AND IMAGE-FORMING APPARATUS AND METHOD FOR MANUFACTURING ELECTRON EMITTING DEVICE	; , ) - :	March 4, 2004
Mail Stop AF Commissioner for Patents P. O. Box 1450 Alexandria, VA 23313-1450		

## **AMENDMENT AFTER FINAL REJECTION**

Sir:

In response to the Office Action mailed December 4, 2003, the Examiner is respectfully requested to amend the above-identified application as follows.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on March 4, 2004.

(Date of Deposit)

Lock See Yu-Jahnes
(Name of Attorney for Applicant)

March 4, 2004

Date of Signature

Image AF/2879

Docket No. 03500.015726.

Examiner: M.P. Hodges

Group Art Unit: 2879

Date: March 4, 2004

In re Application of:

TAKEO TSUKAMOTO

Application No.: 09/941,595

Filed: August 30, 2001

For: ELECTRON-EMITTING DEVICE, ELECTRON

SOURCE AND IMAGE-FORMING APPARATUS, AND METHOD FOR MANUFACTURING

**ELECTRON EMITTING DEVICE** 

ELECTRON EMITTING DEVICE

Mail Stop AF THE COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

X No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 90	MINUS	**	0	x \$9 \$18	0
INDEP. CLAIMS	* 4	MINUS	***	0	x \$43 \$86	0
Fee for Multiple Dependent claims \$145°/\$290					0	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT				0		

\* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

	Verified Statement claiming small entity status is enclosed, if not filed previously.
	A check in the amount of \$ is enclosed.
	Charge \$ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed
X	Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06 1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
	A check in the amount of \$ to cover the fee for a month extension is enclosed.
	A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed.
X	Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.
	Respectfully submitted,

Attorney for Applicant / Lock See 10-UAH NE Registration No. 38,66

FITZPATRICK, CELLA, HARPER & SCINTO 30 Rockefeller Plaza New York, New York 10112-3800 Facsimile: (212) 218-2200

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